

Claim for Rental Assistance or Down Payment Assistance

**U.S. Department of Housing
and Urban Development**
Office of Community Planning
and Development

OMB Approval No. 2506-0016
(Exp. 04/30/2005)

See back of page for Public Reporting Burden and
Privacy Act Statements before completing this form

For Agency Use Only	Name of Agency	Project Name or Number	Case Number
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Instructions: This claim form is for the use of families and individuals applying for rental or down payment assistance. The Agency will help you complete the form. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal.

1. Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1a. Telephone Number(s)
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2a. Have all members of the household moved to the same dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", list the names of all members and the addresses to which they moved in the Remarks Section.)	2b. Do you (or will you) receive a Federal, State, or local housing program subsidy at the dwelling you moved to? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dwelling	Address	When Did You Rent/Buy This Unit?	When Did You Move To This Unit?	When Did You Move Out of This Unit?
3. Unit That You Moved From				
4. Unit That You Moved To				

5. Computation of Payment: Complete Items 13 and 14 on the back of this form before completing this section. If you are filing for down payment assistance, check this box <input type="checkbox"/> and skip line (1).	To Be Completed By Claimant		For Agency Use Only (c)
	(a)	(b)	
(1) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved To (From line (8), Column (c), Item 13)	\$		\$
(2) Monthly Rent and Average Monthly Utility Costs for Comparable Replacement Dwelling (From line (8), Column (e) of Item 13) (To be provided by the Agency)			
(3) Lesser of line (1) or (2) (If claim is for down payment assistance, enter amount from line (2))		\$	
(4) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved From (From line (8), Column (a) of Item 13)			
(5) 30% of Average Gross Monthly Household Income (From line (4), Column (a) of Item 14)			
(6) Lesser of line (4) or (5)			
(7) Monthly Need (Subtract line (6) from line (3))			
(8) Amount of Payment Claim (Amount on line (7) multiplied by 42)		\$	\$
(9) Amount Previously Received (if any)			
(10) Amount Requested (Subtract line (9) from line (8))		\$	\$

6. Certification of Eligibility for Relocation Payments and Services

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature(s) on this claim form constitutes certification.**

The individual(s) listed below occupy/occupies the dwelling at _____.

_____	_____	_____
_____	_____	_____
_____	_____	_____

I _____, as head of household, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States.

For unrelated individuals, each individual by affixing their signature below certifies that they are either a United States citizen or national, or an alien lawfully in the United States.

(Signature and Date)

(Signature and Date)

(Signature and Date)

(Signature and Date)

(Signature and Date)

(Signature and Date)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

To be Completed by the Agency	7. Effective date (mm/dd/yyyy) of eligibility for relocation assistance	8. Date of referral (mm/dd/yyyy) to comparable replacement dwelling	9. Date (mm/dd/yyyy) replacement dwelling inspected and found decent, safe and sanitary	
	10. Payment To Be Made In: <input type="checkbox"/> Lump Sum (only for down payment assistance) <input type="checkbox"/> Monthly Installments <input type="checkbox"/> Other (specify in the Remarks Section)			
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
11. Recommended	\$			
12. Approved	\$			

13. Determination of Rent and Average Monthly Utility Costs

Instructions: To compute the payment, entries on line (8) must reflect all utility services. Therefore, identify on lines (2) through (5) each utility necessary to provide heat, hot water, cooking, lighting, water and sewer. In those cases where the utility service is not covered by the monthly rent, indicate the estimated out-of-pocket monthly cost. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). Determine the estimated average monthly cost of a utility service by dividing the reasonable estimated yearly cost by 12. If a monthly housing program subsidy (e.g., Section 8 Housing Assistance Payment (HAP)) has been provided, enter the applicable amount on line (7).

Item	Average Monthly Cost				
	Unit That You Moved From		Unit That You Moved To (Do not complete if claim is for down payment assistance.)		Comparable Replacement Dwelling
	(a) Claimant	(b) For Agency Use Only	(c) Claimant	(d) For Agency Use Only	
(1) Rent (The amount paid under the terms and conditions of occupancy. It may or may not cover any utilities.)	\$	\$	\$	\$	\$
(2)					
(3)					
(4)					
(5)					
(6) Gross Monthly Rent and Utility Costs (add lines (1) through (5))	\$	\$	\$	\$	\$
(7) Monthly Housing Subsidy, if applicable (e.g., Section 8 HAP)					
(8) Net Monthly Rent and Utility Costs (subtract line (7) from line (6)) (Enter these amounts on the appropriate lines in Item 5)	\$	\$	\$	\$	\$

14. Determination of Person's Financial Means		Household Income	
		Claimant (a)	For Agency Use Only (b)
(1) Annual Gross Income of Household. Include income from net family assets. Enter name of each household member with income. (See paragraph 7-21 of HUD Handbook 1378)		\$	\$
(2) Total Gross Annual Income (Sum of entries in line (1))			
(3) Gross Monthly Income (Divide line (2) by 12)			
(4) 30% of line (3) (Enter this amount on line (5) of Item 5)		\$	\$
Remarks			

Remarks continued on a separate page? ☐ Yes ☐ No

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Privacy Act Notice: This information is needed to determine whether you are eligible to receive a payment to help you rent or buy a new home. You are not required by law to furnish this information, but if you do not provide it, you may not receive this payment or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal agency for review.